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ABSTRACT

Systematic research on attitudes of nursing home staff toward the sexual expression of older residents is sparse and of recent origin. In order to determine the relationship between the degree of religiosity (religious commitment) of nursing home aides and their degree of tolerance concerning sexuality and aging, female nursing assistants (N=101) from randomly selected nursing homes in Georgia completed the Aging Sexuality Knowledge and Attitudes Scale (White, 1980) and the Religiosity in 5-D Scale (Faulkner and De Jong, 1966). Data analysis indicated that aides who were more religious had less permissive attitudes toward sexuality and aging. Analysis of a six-variable regression equation, developed to predict attitude scores on sexuality and aging, showed that the strongest predictor of permissive attitudes was church membership, followed by nursing home size, educational level, marital status, religious ritualism scores, and age. The results seem to suggest that the behavioral aspects of religiosity (those concerned with ritual and social involvement), rather than the ideational aspects (those concerned with belief, feeling, experience, and knowledge), are most predictive of permissive attitudes toward sexuality and aging. (AG)

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THE RELATIONSHIP BETWEEN RELIGIOSITY AND ATTITUDES OF NURSES AIDES TOWARD SEXUAL EXPRESSION BY OLDER ADULTS IN NURSING HOMES

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Abstract

The relationship between religiosity and attitudes toward sexuality and aging was investigated for a sample of 101 nursing home aides. Religiosity scores and attitude scores correlated -.30 ($p < .001$). A six-variable regression equation was developed to predict attitude scores on sexuality and aging. The best predictor was church membership, followed by nursing home size, education level, marital status, religious ritualism, and age. This model produced a multiple R of .621 and R^2 of .39. It was concluded that behavioral rather than ideational aspects of religiosity were the most predictive of permissiveness of attitudes toward sexuality and aging.

THE RELATIONSHIP BETWEEN RELIGIOSITY AND ATTITUDES OF NURSES AIDES TOWARD SEXUAL EXPRESSION BY OLDER ADULTS IN NURSING HOMES

The purpose of this study was to determine the relationship between the degree of religious commitment and the degree of tolerance or permissiveness in attitudes concerning sexuality and aging of a sample of nursing home aides. A corollary purpose was to determine reliable predictors of permissiveness in attitudes toward sexuality and aging from subscores of the religiosity measure, selected personal characteristics, and selected nursing home characteristics. It was hypothesized that there would be a significant, inverse correlation between religiosity scores and scores on sexual attitudes. Also, it was expected that religiosity subscores, selected personal characteristics and selected nursing home characteristics would reliably predict scores on attitudes toward sexuality and aging.

Systematic research on attitudes of nursing home staff toward sexual expression by older residents is sparse and of very recent origin. Typically, this research has compared staff attitudes with the attitudes of residents or other groups (cf; Kaas, 1978; Wasow and Leob, 1977; La Torre and Kear, 1977). Sources for these attitudes have been attributed to lack of knowledge of sexuality in the aged or to negative socialization of staff to sexuality in the aged in the nursing home (cf, Wasow and Leob, 1977; La Torre and Kear, 1977).

The most comprehensive examinations to date concerning attitudes toward sexual expression in nursing homes have been by White (1980;

1981) and White and Catania (1981). These studies have used large enough samples to examine correlates to sexual attitudes of groups associated with nursing homes. White (1980) found that frequency of sexual activity among residents as reported by both residents and staff correlated positively to permissive staff attitudes. He concludes from this study that "sexual activity will be highest in those facilities which facilitate independence and resident self-exploration (interpersonal sharing) which in turn are related to nonproprietory status, decreased number of aides, and smaller number of beds" (White, 1980, p. 16).

Knowledge about sexuality and aging and general knowledge about aging have been found to be correlated with sexual attitudes. White (1980) found that staff and residents with greater knowledge of sexuality and aging tended to have more permissive attitudes. White and Catania (1981) and Hammond (1979) found that increasing knowledge about sexuality and aging through education tended to result in more permissive attitudes in nursing home staff, gerontology students, nursing home residents and families of residents. McConatha and Stevenson (1982) found that nursing home aides with greater general knowledge about aging as measured by the Palmore (1977) facts on aging: A Short Quiz tended to have more permissive attitudes toward sexuality and aging.

Nursing home aides with greater religious commitment tended to be less tolerant of sexual expression among residents in Courtenay and Stevenson (1980). This relationship was found to be significantly stronger for aides over 35 years of age than for their peers who were 35 years old or younger. No significant differences were found in

scores for other personal variables of education, length of employment, church affiliation or gender. McConatha and Stevenson (1982) found an inverse relationship between religiosity and permissiveness of sexual attitudes; but no significant relationship was found between religiosity and general knowledge about aging.

The construct for religiosity used in these studies, as well as for the present study, was based on the theory of religion and religious commitment developed by Glock and Stark (1965). According to this theory religious commitment, or religiosity, is a type of value orientation which competes with other types of referants to inform and integrate more specific attitudes. To address the problem of the great variation in the ways people can be religious, Glock and Stark proposed five general areas, or core dimensions, of religiosity in which all religions presumably share. The belief or ideological dimension refers beliefs concerning the existence, purpose, and proper human conduct is relation to the devine. Ritualism refers to the types, frequency and the meaning of religious practice in which people are engaged. The experiential dimension concerns the affective aspects of religiosity. This involves the need to have a transcendentally based ideology, awareness of a divine presence, and trust, faith or fear in the power of the divine. The knowledge or intellectual dimension concerns the expectation that a religious person will be informed about his/her religion and place importance on acquiring religious knowledge. The consequential dimension refers to the implications of religion for practical conduct of human affairs. (See also, Stark and Glock, 1968; De Jong, Faulkner and Warland, 1976).

The present study addresses the problems of whether there is a religious dimension to attitudes toward sexuality in the aged; and if so, determining the types of religiosity which are important, their predictive features, and their relationship to other correlates to attitudes toward sexuality and the aged.

Method

Sample

A quota sample was used of 101 female nursing assistants from 14 proprietary nursing homes randomly selected in Georgia. Fifty-one aides worked in nursing homes in rural Northeast Georgia and 50 worked in urban Atlanta nursing homes. Sixty-two aides were Baptist church members; 22 were non-Baptist church members; and 17 were not affiliated with a church. The median age of the sample was 33.8 years with aides ranging in age from 16 years to 65 years of age. Forty-four aides were white; 56 were black, and there was 1 hispanic. The educational level ranged from 6 years to 17 years of school with a mean of 11.3 years. The median work experience was 2.6 years and a range from less than one month to 25 years of working in nursing homes. Marital status consisted of 40 married aides, 32 who were previously married (widowed, divorced or separated), and 29 who were never married. The average work week was 37.2 hours, with 87 aides working either first or second shift, 10 working third shift, and 4 working on some form of swing shift.

Procedure

The questionnaires were administered in one-on-one, blind interviews. Aides were randomly selected from lists of those on duty, but their participation was subject to their availability at the time of the interview. Three nursing homes refused access for the study, and four aides from the nursing homes visited refused the interview. The questions were read by the investigator and answers marked on answer sheets out of the line sight of the investigator.

Instruments

The instruments used in the study were the attitudes section of the Aging Sexuality Knowledge and Attitudes Scale (ASKAS) (White, 1980) and Faulkner and De Jong's (1966) Religiosity in 5-D scale. Four items which did not factor into the attitudes section in White's empirical analysis of the ASKAS (White, 1982) were omitted from the study. The ASKAS scale consists of 21 items to which subjects respond on a 7-point Likert-type scale of agreement.

The religiosity in 5-D scale (Faulkner and De Jong, 1966) represents an attempt to measure the five dimensions of religiosity proposed by Glock and Stark (1965). Item selection was initially based on a pretest of a random sample of 89 university students. Items for each subscale not meeting the Guttman criteria for unidimensionality were eliminated. Although the dimensions were all moderately correlated with one another, the total scale met the Guttman criteria for multidimensionality. The dimensions consist of a five-item belief subscale; a five-item ritualistic subscale; a five-item experiential subscale; and a four-item consequential subscale. Each subscale can be scores separately by giving one point for each item with a response conforming to basic Judeo-Christian tenets.

Analysis of the Data

Cronbach ALPHA coefficients were determined for the ASKAS scores and the Religiosity scale.

Pearson product-moment correlations were computed between ASKAS scores, total religiosity, religiosity dimension subscores (belief, knowledge, experience, ritual, and consequences), the

two nursing home variables (size, location) the job satisfaction item, family satisfaction, and the 7 personal variables (age, race, marital status, church membership, education, years of employment and income).

Group differences were analyzed for the ASKAS scores using t-tests and one-way analyses of variance. Group differences for religiosity were analyzed by split plot ANOVAS where the religiosity subscores were the repeated measures and the personal and nursing home variables were the independent variables.

A stepwise, forward multiple regression procedure build the models by identifying the strongest predictor first and then adding the other variables in order of predictive strength.

Results

The ALPHA coefficient ascertained for the ASKAS was .86. This compares with an ALPHA of .85 for the staff test samples (White, 1982). An ALPHA of .78 for the Religiosity measure is somewhat lower than the coefficient of reproducibility of .92 obtained from the test sample of 89 college students.

The mean and standard deviation of the ASKAS scale was 76.23 and 20.10. The mean and standard deviation on the religiosity scale was 16.24 and 3.77. Sexual attitudes and religiosity correlated -.30 ($p < .001$). (Table one). The consequence subscore correlated -.28 ($p < .01$); ritual correlated -.28 ($p < .01$); and experience correlated -.22 ($p < .05$). The belief and knowledge dimensions were not significantly correlated to sexual attitudes.

Two regression models were built. The first (Table 2) contained all of the variables. The multiple correlation ranged from .42 for a single predictor to .64 for eleven to sixteen variables. The six variable model was chosen as most promising because (1) it was logical and relatively simple and straight-forward; (2) all additional variables had nonsignificant increments to R^2 and increased the standard errors of estimate; (3) this model provided the minimum standard error of estimate; (4) the obtained multiple R of .621 which accounted for 39% of the variance seemed strong enough to be effective. Church membership was by far the most reliable predictor of permissive attitudes. Ritualism was the most reliable predictor of the religiosity dimensions. When the total religiosity score was substituted for the dimension subscores, it accounted for less than 1% of the variance, and produced a non-significant BETA of -.09.

The second regression model (Table 3) was built from the religiosity subscores only. The multiple correlation ranged from .28 for a single predictor to .36 for four or five predictors. Using the same criteria as the first model, the two-variable regression was chosen, containing the consequential and ritualism dimensions.

A one-way analysis of variance revealed that Baptists, non-Baptist church members and non-church members had significantly different scores on the ASKAS ($F=10.49$, $p<.0001$). The split plot ANOVA for these groups indicated that the groups had significantly different total religiosity scores ($F=17.80$, $p<.0001$). The church groups differed in the specific dimension of religiosity at a level which approached significance ($F=1.61$, $p=.11$).

High school graduates scored more permissive on the ASKAS than those aides with less schooling ($T=2.92$, $p=.004$). However, There were no significant differences in either total religiosity scores or in specific dimensions of religiosity.

No significant differences were found among three age groups in the ASKAS scores. Differences approached significance in total religiosity scores ($p=.13$) and in dimension subscores ($p=.08$), where the oldest age group (over 40 years) scored higher than the younger age groups.

Previously married and never married scored lower on the total religiosity scale than married aides at a level which approached significant ($p=.09$). There were no significant differences for marital status in ASKAS scores.

No significant differences in scores were found either for the ASKAS or religiosity by race, length of employment, income, family satisfaction, and job satisfaction.

TABLE 1

Matrix of Pearson Correlations Among Sexual Attitudes, Religiosity, Personal, and Nursing Home Variables

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.	ASKAS Score**		-.31	-.19	-.13	-.27	-.22	-.28	-.07	-.20	-.08	.31	.04	.01	-.16	-.05	-.42	.19	.35
2.	Total Religiosity Score			.66	.73	.68	.83	.62	-.09	.13	.09	-.12	.02	-.20	.09	.02	-.47	-.20	-.21
3.	Belief				.54	.23	.48	.24	-.06	.12	.09	-.15	-.10	-.11	.15	.09	-.38	-.20	-.16
4.	Knowledge					.30	.53	.29		-.06	.07	-.10	.04	-.14	.04	-.05	-.25	-.15	-.18
5.	Ritualism						.50	.26	.01	.16	.15	-.04	.10	-.13	.07	-.06	-.36	-.01	.03
6.	Experiential							.38	-.05	.18	.07	-.06		.22	.05	.09	-.38	-.16	-.20
7.	Consequential								-.20	.05	-.04	-.11	.02	-.10	.03	.02	-.32	-.21	-.24
8.	Race (1=White; 2=Black)									-.08	.37	.06	-.34	.06	-.04	-.30	-.18	.18	.14
9.	Age										.32	-.33	-.02	-.47	.22	.33	-.15	-.08	-.11
10.	Experience											-.19	-.12	-.22	.03	.12	-.25	.18	.06
11.	Education												-.03	.40	.01	-.28	.09	.28	.37
12.	Income													-.19	.11	.20		-.11	.03
13.	Marital Status (1=Married; 2=Previously Married; 3=Never Married)														-.03	-.23	.19	.21	.18
14.	Family Satisfaction															.43	-.31	-.09	-.08
15.	Job Satisfaction																-.16	-.18	-.12
16.	Church Affiliation (1=Church Members; 2=Non-Church Members)																	.02	.08
17.	Location (1=Rural; 2=Urban)																		.55
18.	Size																		

*$r < .01$

**Any $r \geq .20$ is significant at $p < .05$; any $r \geq .25$ is significant at $p < .01$.

TABLE 2

Six-Variable Regression Model for Prediction of ASKAS Scores from Religiosity, Personal and Nursing Home Variables

Variable	Multiple R	R^2	R^2 Change	Zero-Order r	BETA
Church Membership	.418	.175	.175	.42	.35
Nursing home size	.523	.274	.099	.35	.27
Education	.549	.301	.027	.31	.23
Marital Status	.584	.341	.040	.01	.30
Ritualism	.606	.367	.025	-.27	-.16
Age	.621	.386	.019	-.20	-.16

$\tilde{Y}$ (ASKAS) = 107.09 - 18.85 (Church membership)

+ .09 (nursing home size) + 2.15 (education) + 3.59 (marital status) - 2.63 (Ritualism) -.27 (age)

$p < .01$ for all variables

TABLE 3

Two-Variable Regression Model for Prediction of ASKAS Scores from Religiosity Subscores

Variable	Multiple R	R^2	R^2 Change	Zero-Order r	BETA
Consequence	.283	.080	.080	-.28	-.23*
Ritual	.345	.119	.038	-.26	-.20*
Belief	.355	.1261	.0069	-.18	-.12
Knowledge	.361	.1300	.0039	-.12	-.08
Experience	.361	.1301	.0001	-.21	-.02

$\tilde{Y}$ (ASKAS) = 57.16 - 4.28 (consequences) - 3.42 (ritual)

*$p < .01$

Discussion

The purpose of this paper was to analyze the relationship between religiosity and attitudes toward sexuality and aging of 101 nursing home aides. The results indicate that aides who were more religious had less permissive attitudes toward sexuality and aging. This supports previous research (i.e. Courtenay and Stevenson, 1980) and is consistent with findings concerning religiosity and attitudes toward sexuality in other age groups (cf, Kinsey, Pomeroy, Martin and Gebhard, 1953; Reiss, 1967; Cardwell, 1969; Singh, Walton and Williams, 1976).

A five-variable regression model was chosen as providing the "best" equation for predicting permissive attitudes. The strongest predictor of permissive attitudes was church membership, followed by size (number of beds) of the nursing homes, educational level of aides, marital status, religious ritualism scores and age. This model produced a multiple correlation of .621 and explained 39% of variance.

A two-variable regression model was built to find the relative contribution of the religiosity subscales. The consequential and ritualism subscales were found the most predictive. This model explained about 12% of the variance. This finding supports a previous finding by these investigators that ritualism is an important predictor of sexual attitudes.

Clearly the religious variables were important predictors in this study. Church membership has been included in other studies as indication of ritualism (cf, Stark and Glock, 1968). Ritualism was measured in this study by time spent reading religious literature,

the possibility of developing a well rounded life apart from the institutional church, frequency of church attendance and prayer, and the choice between a religious and civil marriage. The consequential dimension was measured by items concerning the operation of nonessential businesses on the Sabbath, pre-marital sexual relations, lying about one's income tax, and the religious orientation of political candidates.

Himmelfarb (1975) in an extensive analysis of several studies on religiosity dimensions suggests that dimensions are reducible to two basic types of religious orientation: "behavioral" and "ideational." Dimensions concerned with belief, feelings, experience and knowledge could be grouped together as ideational. Dimensions concerned with ritual and social involvement were grouped as behavioral. This study seems to suggest that the behavioral aspects of religiosity are the most predictive of permissive attitudes toward sexuality and aging.

Among the personal variables, zero-order correlations indicate that age had a restrictive influence on sexual attitudes and education l level a positive influence. Aides from the larger nursing homes tended to be more permissive. Size of the nursing homes was in turn related to location. The larger nursing homes tended to be in the urban areas. Interestingly, race, marital status, income, and family satisfaction did not significantly correlate with permissiveness of sexual attitudes. This result is not consistent with research on attitudes toward sexuality in younger age groups (cf, Kinsey, Pomeroy, Martin and Gebhard, 1953; Reiss, 1967; Singh, Walton and Williams, 1976).

This study is limited to female nursing home aides, to geographic region and to proprietary nursing homes. Also, the aides chosen were largely fundamentalist Protestants. Even among the aides who were not church members, all but four of the aides indicated an informal identification to a Protestant denomination. More research is needed to more fully understand this relationship and it's importance.

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